



## Compensatory Time Program Participation Request

I, the undersigned employee of the \_\_\_\_\_ Department have been advised by the Department Director that I am eligible to participate in the Compensatory Time Program when I am requested to work overtime. I hereby volunteer to work overtime and to have such overtime paid through the Compensatory Time Program which allows me to earn 1.5 hours of compensatory time for each hour of overtime worked.

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee ID Number

\_\_\_\_\_  
Date